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AUTHOR Cramer, Patrice A.
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ABSTRACT

The potential for helping children of alcoholic parents to understand and to cope with the problems they experience was examined. Areas were explored in which supportive services may be provided to children of alcoholic parents. It was concluded that the school staff who have close, continuous contact would be the best and most accessible caregiving team. This staff includes the teacher, counselor, nurse, and social worker. The following topics are discussed: (1) the nature of the school setting as a caregiving agency; (2) the roles of each school staff member; (3) techniques to identify children of alcoholic parents; and (4) suggested education and training objectives. Recommendations on implementing a school based project are made, with emphasis on the crucial junior high school years. A bibliography is appended. (JD)

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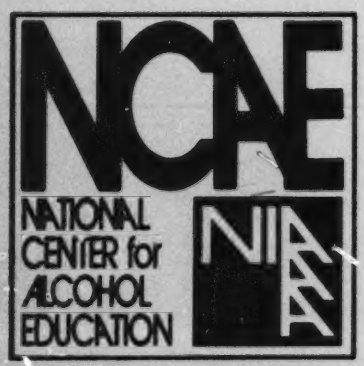

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NATIONAL CENTER FOR ALCOHOL EDUCATION

AN EDUCATIONAL STRATEGY TO IMPACT THE CHILDREN OF ALCOHOLIC PARENTS: A FEASIBILITY REPORT

Prepared by:

Patrice A. Cramer
Materials Development Specialist
Field Services Division

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CHILDREN OF ALCOHOLIC PARENTS

FEASIBILITY REPORT

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NIAAA/NATIONAL CENTER FOR ALCOHOL EDUCATION

PREFACE

This paper reports the second stage of analysis in NCAE's investigation of the feasibility of education/training materials for a target audience which can provide helping services to the children of alcoholic parents. In an earlier paper NCAE concentrated on an analysis of the problems and needs of such children and recommended that a school team comprised of the teacher, nurse and guidance counselor be further studied as the potential target audience. They were chosen from among 15 possible caregiver groups.

To aid the reader who has not reviewed the previous NCAE report, a summary of the analysis of the problems of children of alcoholic parents is presented in this preface as a context for the discussion in the following sections of the report.

* * * * * * * * * * * * *

In "The Assessment of the Needs and Resources of Children of Alcoholic Parents" (Booz, Allen and Hamilton: 1974), nine primary needs of children of alcoholic parents are specified: protection, compensatory parenting, healthy relationships, respect, time alone, attention/intervention, positive community environment, the right to seek help, and treatment.

That report further indicates that three general problems intensify the needs of children of alcoholic parents: (1) the dysfunction of at least one parent, (2) the particular stigma of alcoholism-induced parental dysfunction, and (3) the restricted status and rights of children.

Problems which children of alcoholic parents experience may be traced to the disruption caused by the alcoholic's behavior on the other family members. The role of the non-alcoholic parent is one of the more important factors in how the family adjusts and copes with the alcoholic member. Heretofore, the majority of studies have viewed the mother as the non-alcoholic parent (Fox: 1963). Consequently, the woman's role in the family structure has been studied more fully. Results suggest that the non-alcoholic wife, often emotionally and economically dependent on the spouse, develops non-productive interactional patterns with the spouse and children. In some families, the non-alcoholic spouse's reaction to and emotional involvement with his or her consort's drinking is more disruptive and damaging than is the drinking behavior itself (Fox: 1963). Additionally, in families where the mother is the alcoholic member, the influence on the children is usually more serious due to her central role in the family structure. In many families, both parents are alcoholic or their functions, at least, are impaired by their use of alcohol causing even more pronounced family disorganization and dysfunction.

Parental dysfunctional behaviors usually take four forms:

- Inconsistent, unpredictable, or inappropriate behavior toward the child: either parent may make unrealistic demands on the child or hold unrealistic expectations. These demands and expectations are frequently subject to change, depending upon the consumption pattern being displayed by the alcoholic parent. The child often becomes disoriented and confused as to his/her role expectations and those of his/her parents become ambiguous.

- Lack of attention to the child: parents are often so engrossed in their problems that the child is ignored or his/her needs for attention and nurturance are unfulfilled, resulting in a lack of control of and responsibility for the child. Thus, possibly many children are socially stunted because they lack the guidance necessary to adequately interact with others. In its more extreme form, the withholding of positive contact often results in emotional and physical neglect. In these cases, the parent ignores or fails to offer positive reinforcement to the child's emotional or physical needs. In one study, for example, emotional neglect was cited as the most frequent dysfunction in the life of the child of alcohol parents (Booz, Allen and Hamilton: 1974).

- Negative messages or behavior toward the child: negative behaviors may take the form of verbal or physical castigations or punishment in which the parent may confer blame upon the child for family problems. At least one study indicates that incidences of physical abuse of children are much greater in families with an alcoholic member (Bosma: 1975).

- Modelling inappropriate familial interaction patterns: another area of research indicates that a higher incidence of alcoholism is reported among children with alcoholic parents (Berenson: n.d.; Bowen:n.d.). In a 17-year follow-up study of multi-problem children, seven percent of the offspring of alcoholic parents defined themselves as alcoholic, compared with two percent for the children of non-alcoholic parents (Scientific Analysis Corporation: 1976). This higher incidence has been attributed to children copying parental drinking and problem-solving patterns and learning inappropriate familial interaction patterns which lead to alcohol abuse as a solution.

In a family with an alcoholic parent, each family member learns to cover up and deny the alcoholism to persons outside as well as within the family unit. As a result, the alcoholic often dominates each family member's thoughts and actions. The way in which each member tries to cope with this situation is often misconstrued or misinterpreted by family, friends, or others. In trying to cope with the familial dysfunction, the child of the alcoholic parent often manages to conceal his/her problem from everyone. Overcoming this common, basic pattern of concealment is critical to the caregiver who may be motivated to provide help.

Although alcoholism must be accepted as a condition over which the alcoholic has lost control, a person's attitudes toward alcohol abuse may be positive, negative, or conflicting. Alcoholism is, however, almost always a stigma. Thus, the child of alcoholic parents is embarrassed and stigmatized by the parent's behavior and these feelings are reinforced by the prevailing attitudes of one's peers and significant adults.

Finally, school services to students have traditionally been bound by both legal and parental limitations on the rights of children to receive help for themselves or relief from a troubled environment. This issue is currently being examined by the National Institute on Alcohol Abuse and Alcoholism to determine the nature of minors' rights in each state. Tentative findings indicate the distinguishing feature to be whether the services are for "treatment" or "counseling." Counseling, interpreted as the imparting of information or education, is permissible in many state statutes. In some instances, subjects on which minors may be counseled are limited to social problems, such as veneral disease, pregnancy, and alcohol and drug abuse problems. In Florida and Oregon, for example, statutes provide minors rights to counseling services. In Oregon, these rights for confidential counseling services begin at age fourteen. In Florida, youth at any age may receive counseling (Tritsch: 1976; Kouba: 1976). This information indicates the potential for providing helping services in the schools and, in many states, schools may assist students in their seeking community counseling services on their own.

In order to help children of alcoholic parents, it is important to be able to identify them. Since these children are but one segment of a total population of children suffering from a lack of sufficient and appropriate parental care and guidance, it is sometimes difficult to successfully separate and, thus, identify them from this larger population. Also, they manifest their problems in different ways.

From all external appearances, some children of alcoholic parents appear to be well adjusted. They seldom are involved in anything out of the ordinary that receives special notice or requires special attention. They appear to cope and perform well in school, are self-reliant and identify with the school setting. Others, however, exhibit behavioral patterns ranging from mild to severe disturbance which may derive from any of several causes. Frequently noted aberrations include escapism, lack of self-confidence, withdrawal and isolation, confusion, anger, guilt and self-blame, anxiety, difficulty establishing inter-personal relationships, disruptive attention-seeking behavior, social deviancy, excessive drinking, temper tantrums, overly aggressive behavior, self-denigration, over-reaction to criticism, repressed and shallow emotions, chronic depression or unhappiness, and suicidal tendencies.

This summary provides a brief description of the problems which children of alcoholic parents experience within the family, the social environment, and particularly within themselves. The remainder of this report examines the potential for helping this population better understand and cope with the problems they experience. Readers are encouraged to amplify or challenge the analysis and recommendations. No final determination has been yet made to

pursue the development of the suggested program.

Also included in this report are the appendices, including a selected bibliography, the names of professional readers of this report, a listing of national associations which represent education programs, and a list of persons working in the alcohol and education fields who were contacted during the course of this study.

NIAAA/NATIONAL CENTER FOR ALCOHOL EDUCATION

EXECUTIVE SUMMARY

There are an estimated 28 million children of alcoholic parents in this country.[1]

Offspring of alcoholic people are often victims of the illness of their parents. Inconsistent and unpredictable parental behavior, lack of appropriate reinforcement by their parents, lack of parental control and responsibility and emotional and physical neglect often result in emotional, social, and cognitive impairment.

At present, few resources exist to help these children with problems resulting from this family illness. The National Center for Alcohol Education (NCAE) probed the need for, and feasibility of, developing education and training materials for a caregiver group to help children with alcoholic parents.

In the course of NCAE's investigations, it has become evident that, even in many families where a non-alcoholic parent is available to the child, the parent is frequently so involved in his or her own emotional and marital survival that the child receives little of the support he or she needs, particularly if the child is young and is dependent on the parents for the love, security, and attention which are crucial to healthy development. Additionally, it has been learned that only a small fraction of these children receive the attention of any outside caregiver group or agency.

The five major problems that confront these children, as identified by NCAE, highlight the family as the critical point of intervention, if assistance is to reach these children before irreparable harm is done. Ideally, the most successful intervention would be to help the parents help their own children. However, the nature of alcoholism leads us away from relying on this approach alone. Instead, if an education and training approach to help these children is to be devised and implemented, it would most likely call for outside supportive and caring services for children of alcoholic parents.

This study examined areas in which alternative caregiver services may be provided to children of alcoholic parents. A preliminary step involved determining which caregiver/gatekeeper group would be in a suitable position to help these children with their problems. A tentative conclusion is that school staff, who have close, continuous contact and the necessary basic skills to intervene with children of alcoholic parents, would be the best and most accessible caregiving team. This staff includes the teacher who encourages open discussion of alcohol-related topics in the classroom, identifies the alcohol-impacted students, and refers those students to the

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[1] Booz, Allen and Hamilton, "An Assessment of the Needs of and Resources for Children of Alcoholic Parents," November 1974

school support staff. This latter group would include the counselor, nurse, and social worker who provide the needed helping services to the children.

This report examines such areas as the following:

- the nature of the school setting as a caregiving agency;
- the roles of each school staff member;
- techniques to identify children of alcoholic parents;
- suggested education and training objectives, content, and delivery options.

Several tentative recommendations result from this study, the most important of which are cited below and which are more fully discussed later in this report.

- Children of alcoholic parents exhibit behaviors ranging from maladjusted to well-adjusted. Distinguishing these children requires the school staff to follow-up clues which indicate alcohol-related problems and to encourage students to substantiate the staff's tentative assessment.
- The junior high school is recommended as the setting for this project in that the teacher continues to be regarded as a significant adult by children of this age group and the school staff are able to discuss problem areas with students on a one-to-one basis. Additionally, it is believed that a new program in the secondary school is subject to less parent-community resistance.
- Schools require periodic and regular staff development in the form of (1) in-service, (2) graduate school courses, and (3) training conducted by regional staff. In-service training appears to represent the most appropriate means of education and training of this nature.
- The education and training program should include identifying and helping not only those students who are offspring of alcoholic persons, but should target all students who are alcohol impacted (e.g., the alcohol abuser). This would substantially increase school interest in this education and training program.
- This program should be offered to schools which have on-going objective and fact-based, teacher-trained, alcohol education programs. Limiting this program to schools with existing alcohol education programs provides the opportunity for greater awareness among and receptivity of school staff to deal with the problem area.

- Since there are few school efforts presently providing support service of this type to children of alcohol parents, it is recommended that education and training goals, strategies, and materials be developed on a pilot basis in a school system. This effort may then be carefully evaluated in its developmental stages to assure the most appropriate assistance.

- It is suggested that an advisory group comprised of national alcohol and education associations be established to provide input into the developmental stages of this product.

- Suggested education and training content should include dealing with school staff attitudes, identification techniques, information giving and sharing, referral and community resources, and supplementary information.

CHILDREN OF ALCOHOLIC PARENTS

FEASIBILITY STUDY

I. POTENTIAL OF SCHOOL SETTING TO HELP CHILDREN OF ALCOHOLIC PARENTS

Which service provider group can best serve as the recipient of NCAE-developed materials in order to identify and provide helping services to children of alcoholic parents? To answer this question, important criteria in NCAE's analysis of potential target groups included: frequency of contact with youth, minimal personal involvement in the problem, directly reachable with relatively little difficulty, and ability to orchestrate the use of other, more specialized caregivers and community resources, if needed. These considerations led to a conclusion that the school setting provided the most appropriate caregivers for education and training materials. Outside the home, children spend the most concentrated time under the supervision of adults in school. Thus, when parents are unable to fulfill their full range of parental responsibilities, the school setting offers an alternative set of caregivers with the most sustained and legitimate contact. This contact can be "exploited" to the benefit of children of alcoholic parents through an education and training program for key personnel in the school system.

A. School Level

An examination of the advantages and disadvantages of different school settings (elementary, junior high and senior high) suggests that the most appropriate grade level in which to introduce an education and training package is the junior high or middle school (grades seven through nine) where successful implementation is more probable. The data leading to this conclusion follow.

(a) Elementary School: This includes kindergarten through the fifth or sixth grades.

PROS	CONS
1. Intervention is possible when the child is younger.	1. Elementary school curriculum is more dependent upon parental cooperation for offering controversial subjects. Parents are more apt to oppose a program which includes family problem areas.
2. The teacher has an important and forceful impact on elementary school age students.	2. Students in the earliest grades (kindergarten through third) would be difficult to identify as children with alcoholic parents, since they often have many other school adjustment problems during their initial years.
3. Research indicates that middle childhood (ages 8-10) is an important point at which to intervene with children experiencing problems (Inbar: 1976).	
4. The student-teacher ratio is lowest in the elementary grades.	

PROS

CONS

3. Elementary school students would not be able to express their family problems since their verbal (and cognitive) skills are not as advanced as those of older students.

4. Elementary school students would be more likely to misunderstand the school's interest in identifying or discussing family problems and could cause parents to react negatively to the school's intent.

5. Teachers in two of the programs mentioned in section D, part I of this report were hesitant to discuss family-related issues with elementary school students.

(b) Junior High or Middle School: This includes sixth or seventh through eighth or ninth grades.

PROS

1. School staff and students in three alcohol education programs which were identified during this study were most receptive to the program in these grades (see section D, part I).

2. Mid-adolescence (age 15) was found to be another vulnerable time for children experiencing problems in their lives (Inbar: 1976).

3. School staff can begin to deal more concretely with alcohol-related problems of students at this age level.

4. The alcohol education program could more appropriately include using peer group sessions for alcohol-related problems or to match peers experiencing such problems.

CONS

1. Teaching at this level is often considered more difficult due to the changes experienced by students who proceed from childhood to young adulthood. Adding an in-depth alcohol education program may place too great a burden on what the teacher can handle.

2. The advantages of early intervention with young children are less.

3. Beginning in these grades, courses become more specialized and students no longer have the full day of contact with one teacher.

PROS	CONS
5. There are generally more school nurses and guidance counselors in the secondary schools.	
6. When appropriate, students with alcoholic parents could be referred to Alateen programs (which begin around age 12).	

(c) Senior High School: This includes ninth or tenth grades through the twelfth grade.

PROS	CONS
1. All the arguments cited under Junior High School could be included here.	1. School staff have less influence on students at the high school level.
	2. Many children of alcoholic parents who drop out of school would not be reached by these grades.
	3. Intervention would be late in coming to those students who have experienced familial alcoholism problems since their earlier childhood years.

For the reasons stated above, it is recommended that identification and intervention services for children of alcoholic parents begin in the junior high school setting where successful implementation is more probable. Once a program is successfully implemented in the junior high school setting, extending it to other grades might become possible. The next most likely setting is the upper elementary school grades. Developing a program for children of alcoholic parents in the lower primary grades (K-3) is contraindicated by the marked difficulty in identifying such children and of effectively discussing alcohol abuse with that age group. In high school, the impact of the teacher's role has been reduced and the damage caused by familial alcoholism has already become more fully entrenched. The high school setting could become a secondary target, once the junior high school program has been developed. The emphasis at the senior high age group could, perhaps, be shifted toward more effectively utilizing the peer group to help the children of alcoholic parents deal with their alcohol-related problems.

B. School Personnel and Services

The three school staff members usually most available to help children of alcoholic parents better understand and cope with family problems are the teacher, nurse, and guidance counselor.

The Teacher[2]

Pre-service teacher education programs include diagnostic skills for teachers to recognize physical, emotional, or social problems of students. These students are then referred to the school nurse or guidance counselor for further diagnosis and attention. Since teachers have the closest, most frequent contact with students, the role of identifying and referring students of alcoholic parents would most likely rest with this group. Depending on the availability of the guidance counselor and nurse and on the particular personality of the teacher, some teachers voluntarily encourage students to discuss their personal problems with them. This effort may also be influenced by the teacher/school district and teaching contract which specifies which roles, in addition to teaching, they may assume. We should not overlook the willingness of some teachers, particularly those who teach health subjects, to want to help children of alcoholic parents on their own.

The School Nurse[3]

Although a better ratio of teachers to nurses exists in the secondary school, the impact which nurses can have on the student body is often more potential than real. Since half the nurses in schools are not school employees per se and because they are few in number, they do not represent a viable target audience in and of themselves for this education and training program. Rather, since the nurse's role sometimes includes teaching health subjects as well as assuming responsibility for the physical, emotional and mental health of students, it appears most useful to include the nurse as a participant in an education and training program, but not as the primary target audience.

The Guidance Counselor

Although there is a paucity of data on the current student-counselor ratio in the junior high setting, the American Personnel and Guidance Association, the national association for counselors, has previously recommended a ratio of 250 students to each guidance counselor in the secondary school. There are indications, however, that the actual ratio is less than this recommended standard. The counseling profession, while new to the school setting, suffers from growing pains in that the counselor role is still poorly defined. In many schools, a guidance counselor's duties include considerable administrative tasks, such as student discipline and maintaining student records. In others, the counseling role frequently includes such student vocational development tasks as career counseling and vocational testing.

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[2]In Fall 1975, the national ratio of students-to-teacher was 20.4 (DHEW: 1976).

[3]Data on school nurses indicate that only 42 percent of all school nurses are employees of boards of education (Dept. of School Nurses: 1973). This factor impacts upon the influence of the nurse in working closely with students in that nurses from public health agencies often spend only part of their time in the school.

Since the guidance counselor's role in helping students with personal problems is still poorly defined in some schools, the counselor is not recommended as the sole target audience, but should be an integral part of the education and training effort.

While an education/training program should definitely include the three above mentioned school personnel, two other types of school personnel should be viewed as potential participants in programs--even if on a limited basis.

The School Social Worker

The school social worker is usually found only in the larger school districts and serves largely as a liaison between the school, student and his/her family. Social workers' caseloads consist largely of students believed to be experiencing family problems. With this close contact with the child's family, the social worker becomes an important target audience for this education and training project. It is recommended that when a social worker is available in the school, s/he be included in this education and training project.

The Principal

Although the principal of a school may have little direct contact with students, his/her role in the success of an alcohol education program is crucial. Although the principal infrequently attends school training programs, every effort should be made to include him/her in the training, or promotion and advocacy of training, so that continuing administrative support exists. S/he can be the determining factor in how the trainees interpret and define their role in alcohol education.

Each of these school staff personnel should be included in an education and training program. Determining which teachers to include depends, in part, upon who is currently responsible for alcohol education in a particular school. In some schools, all teachers have this responsibility, while in others the health teacher is solely responsible.

Determining which school staff to include also depends on the level of effort a school district would want to make and the nature of the school and community resources. The training approach could be either of the following:

- training all teachers, counselors and nurses in the school; or
- selecting teachers and other staff who have expressed an interest in the program and volunteer to participate.

In either instance, the nurse, guidance counselor, and health teacher in particular, should be encouraged to take part in the training. Involving the

teacher, nurse, counselor, and social worker in the entire training program has advantages. First, the teacher's involvement in intervention strategies would provide insight into the types of helping services the support staff might offer. Second, additional training increases the likelihood of teachers becoming more aware of student problems and more willing to become involved in an identification and intervention program. It also increases the opportunity for dialogue between staff members and for meaningful coordination and delivery of services to students.

The following chart describes the types of helping services which the school personnel could provide to children, thus suggesting those areas which would need to be addressed in an education/training program.

POTENTIAL ROLES OF TARGET AUDIENCE IN HELPING CHILDREN OF ALCOHOLIC PARENTS

STAGE	I IDENTIFICATION	II INTRA-SCHOOL REFERRAL	III INTERVENTION	IV COMMUNITY REFERRAL	V COMMUNITY INTERVENTION
ACTIVITY	(1) Tentatively assess. (2) Investigate nature of problem via: • class discussions regarding alcohol use and abuse; • student exercises and written activities; • informal and formal discussions between teacher and student. (3) Substantiate problem with student	(1) Teacher and student decide if school support personnel may help student. (2) Teacher refers student.	(1) Support staff member discusses situation with student: • information giving/sharing, and/or • one-to-one counseling, and/or • peer/group counseling, and/or • working with non-alcoholic parent.	(1) Support staff and student determine if student would benefit from community agency services. (2) Support staff member refers student.	(1) Community resource person discusses situation with student: • Alateen involvement, and/or • information giving/sharing, and/or • one-to-one counseling, and/or • peer/group counseling, and/or • working with non-alcoholic parent.
RESPONSIBILITY	Teacher	Teacher	Counselor, Nurse, or Social Worker	Counselor, Nurse, or Social Worker	Community Agency

CHART 1

C. Identification Techniques

A critical element in the capability of school personnel being able to help children of alcoholic parents obviously is the ability to distinguish or identify that the child is suffering the impact of alcohol abuse in the family. As mentioned earlier concealment of the problem is often important to the child because of the social stigma associated with admitting to the illness of alcoholism.

To determine how the children of alcoholic parents can be identified in the school setting, NCAE contacted fifteen persons currently working with such children. They agreed that there is no absolutely reliable method for school personnel to identify the children of alcoholic parents from other problem and non-problem children. There are indications that many children of alcoholic parents are eager to discuss their particular situation, once they locate an accepting and concerned person who encourages this response (Cork: 1969; "CASPAR Alcohol Education Program": 1976). This finding has been substantiated in discussions with several school personnel who have developed this type of rapport.

An approach some find useful is to provide the entire class with information on alcoholism and the family structure and have interested youth discuss the subject in the setting in which they feel most comfortable. These opportunities for discussion have occurred in the classroom, alone with the teacher, nurse, or counselor, or by meeting in groups with other interested peers. The self-identification approach appears to be most feasible in the secondary school where the student is older, more mature, and has the self-sufficiency to volunteer this information and deal with the problem on his/her own behalf. It requires that the school personnel and student body be prepared through a program which would allow the child of alcoholic parents to come forward either in a group or private setting in which acceptance and understanding are provided.

Without the child of alcoholic parents volunteering information, the teacher, nurse, and counselor must rely on attitudinal and behavioral clues which indicate the need for further probing and assessment of the problem. Some of the more pronounced indicators include:

- frequent absenteeism and tardiness;
- isolated behavior, in which the student willingly maintains a distance from his/her peers;
- a significant shift in behavior, such as being happy and open one day and quiet and withdrawn the next;
- poor study habits in school and evidence of a lack of a place or proper atmosphere for studying at home;
- lack of parental permission to play after school or to become involved in extracurricular activities;
- reticence toward supplying information regarding one's family or relationships to either parent;

- a negative and defensive attitude toward one's school activities: a high degree of approval-seeking behavior and high sensitivity to negative reinforcement;

- the "super-coper" type who appears to do everything right: these children appear to be in control of their situation and actively take care of family problems while their own needs go unfulfilled; they are frequently the oldest sibling who has been saddled with many of the family's caretaker responsibilities;

- the "perfect child" type who dresses well and exhibits socially acceptable behavior. These children rarely cause any trouble or problems and are usually well-behaved. By acting this role, they discourage any undue attention which they may find difficult to handle.

Techniques to encourage children of alcoholic parents to become more open about their family situation have been tried successfully in the classroom. Some examples include:

- Anonymous students are encourage to write out problems and place them in a "Problem Box." These problems are then discussed by the class. The teacher observes the responses of the class for clues and may suggest ways the author of the note can deal with his/her problem (for instance, discussing it with the teacher in private or going to an Alateen meeting).

- Class discussion of ways in which adults do not cope well and how alcohol is used by some to try to cope better. The teacher may look for "distress" signals from any of the students.

- Students write a "Dear Abby" letter as a class exercise. The teacher studies the students' letters for indicators of family problems.

The above mentioned behaviors and techniques are incomplete, at best, but are useful as starting points for the school staff to determine whether parental alcoholism is at the root of the child's problems. To develop an education and training package for potential caregivers further refinement of these indicators and techniques would be required.

D. Prerequisites for a Helping Role

The readiness of schools to provide services to children of alcoholic parents depends, in part, on the nature, extent, and degree of commitment to current alcohol education efforts. Although most states have laws requiring alcohol education instruction, many of these were enacted in response to a temperance approach which still influences the thrust of alcohol education programs (Smart: 1976). However, in recent years there has been an effort to alter this approach by providing more objective information. A review of several ongoing alcohol education programs in the United States tends to confirm this thesis.[4]

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[4]Examples include curriculum guides being developed or used in Washington State, Wisconsin, Oregon, Ohio, Florida and Maryland.

Many of the suggested activities in curriculum guides now being developed indicate an attempt to help students analyze their attitudes, values and behavior concerning alcohol use; to examine the influences of peer pressure; and to evaluate the impact of societal drinking standards and the media on their own drinking behaviors. These alcohol education programs include in-service training for using the guides and encourage the teacher to facilitate student discussion. It appears that school settings in which this type of awareness and commitment to alcohol education in general exists would be more conducive to a training program to facilitate help to the children of alcoholic parents.

NCAE contact with representatives of three even more specialized alcohol education and teacher training programs supports this notion. In each instance, the alcohol education program has been well received by the school staff, students and community. These programs, which not only provide alcohol education but also focus on students with an alcohol problem themselves, seem to have done the most to include children of alcoholic parents as a concern of their efforts. A brief description of each program follows.

(a) Youth Counseling/Referral Program, Washington State

This is a state-funded, pilot education and training program which the Washington State Community Services Division plans to expand statewide. Although the emphasis is on students who are alcohol abusers, some children of alcoholic parents have also been identified. Students receive counseling through the combined efforts of school counseling staff and community agencies. There is also some interest by teachers to learn ways of identifying and better helping children who have alcoholic parents.

- Purpose of Training: To increase the competency of teachers and agency personnel in youth counseling. Referrals of students who have an impaired us of alcoholic substances.
- Education and Training Content: To provide school staff with additional skills in the areas of interpersonal understanding, values awareness/clarification, and informed behavior/decision-making.
- Target Audience: Teachers, counselors, nurses.
- Length of Training: One to three days, depending on degree of school staff involvement in identifying and referring alcohol-impacted youth.
- Setting: Training is delivered at a separate site, this is presently offered in the high school.
- Length of Time in Operation: The program, begun in April 1976, was inactive during the summer; however, training resumed in Fall 1976.

- Evaluation Data: No official evaluation as yet.

- Trainer Staff: District-level school staff and community-based alcoholism treatment personnel.

(b) CASPAR Alcchol Education Program, Somerville, Massachusetts

This is an NIAAA-funded alcohol education and training project for teachers. Following their training, part of which includes alcoholism as a family illness, many teachers have become aware of alcohol-related student problems and have expressed greater receptivity toward helping students who have alcoholic parents. There have been many instances where students with alcoholic parents have identified themselves as such and were eager to talk about their problems. This project began with a twenty-hour training course which primarily addresses information on alcohol. An additional twenty hours has been included to provide methods of alcohol education teaching.

- Purpose of Training: To increase the knowledge of teachers on the subject of alcohol-related problems.

- Education and Training Content: The training pertains to personal attitudes concerning alcohol, the student and alcohol, and methods of teaching alcohol education.

- Target Audience: Teachers.

- Length of Training: Two 20-hour workshops.

- Setting: Training is provided at a separate site for teachers of grades four through twelve.

- Length of Time in Operation: The program is now in its third year.

- Evaluation Data: There have been significant gains in cognitive and affective areas of learning, as well as increases in the number of alcohol education programs and the amount of class discussion of alcohol and its use in the participating schools.

- Trainer Staff: Staff at the local alcoholism center provides training.

(c) LeFe Alcohol Education Project, Santa Fe, New Mexico

This is another NIAAA-funded project in which teachers are trained to teach the general aspects of alcohol and its use. Interested students may attend additional group sessions for more in-depth treatment of the subject and to discuss the subject on a more personal level.

- Purpose of Training: To provide general information to all students; to encourage alcohol-impacted students to identify themselves and to receive additional information and counseling.

- Education and Training Content: Teachers observe the trainer who provides four to five hours of general alcohol education, including legal and physiological aspects.

- Target Audience: Teachers

- Length of Training: Four and one-half hours.

- Setting: In the classroom. Grades four through twelve.

- Length of Time in Operation: Two years.

- Evaluation Data: Only indirect evaluation results which indicate a positive change in teachers' attitudes toward alcohol education and alcohol-impacted students.

- Trainer Staff: Community Action Program personnel conduct the training and group sessions for students wanting additional information.

Recognizing the problems that children of alcoholic parents experience and trying to help these youths is a secondary goal of the first two programs described above. While school administrators and staff have long been reluctant to become involved in a student's alcohol-related family problems, these three programs at least suggest a potential for changing this hesitancy.

II. PROPOSED EDUCATION/TRAINING MATERIALS RESPONSE

A. Objective and Suggested Content

The proposed education and training program for school personnel to provide helping services to children of alcoholic parents should have three primary objectives:

- The school staff will be able to evaluate and confront their own prejudices, biases and resistance in this problem area.
- The staff will learn ways to openly discuss this problem with students and others to reduce the stigma and mystique surrounding the problem and thus create an environment in which help can be provided and accepted.
- The school staff will be able to perform helping and referral services to aid children of alcoholic parents.

In this report, education refers to presenting information and ideas in order to alter existing knowledge and beliefs. Training refers to teaching new skills and methods of accomplishing tasks or objectives.

At least four major content components of an education and training and training program emerge, from the nature of the needs of children of alcoholic parents and the potentials of the school staff in addressing these needs, and are recommended for inclusion.

(1) Attitudes

The foremost component of an education and training program concerns dealing effectively with one's own attitudes on alcohol, alcohol abuse, and alcoholism. A training program must be of sufficient length to allow the school worker to evaluate his/her own attitudes and prejudices in order to feel comfortable with the subject and to better understand his/her ability and ease with the subject and with students. In effect, this means a reeducation process to deal with the plethora of messages which each person has received over the years concerning alcohol use and abuse. Sufficient training time not only allows the staff member to feel comfortable with the subject and resultant problems associated with alcohol abuse, but also to identify and define the ethical, educational, community, and legal limitations on the trainee's role in discussing and dealing with the subject and children who have problems.

Successful training includes having a certain percentage of trainees realize and accept their own limitations in dealing comfortably and naturally with this subject. This includes information on the nature of the problem and how it affects each parent and the children. A trainee's initial response is often to blame or place guilt on either parent. Adequate training time is necessary for the trainee to distinguish between the alcoholic behavior and the person, and to learn to avoid taking sides or placing blame on any family members.

(2) Information Giving and Sharing

Trainees must be able both to receive and offer objective, factual information on alcohol and its impact. Factual information is the departure point for discussing the subject in a constructive way and should be part of the trainee's repertoire of skills. Training should include developing clear, concrete communication and listening skills and principles of facilitating group discussion. Here, it is essential to deal with the types of problems of students which the trainee may encounter. Since the trainee can easily become overwhelmed with the problems of children of alcoholic parents, this fact should be recognized and dealt with in the training with suggestions on how to give and receive information without getting overly involved. The trainee is an information resource who assists through acceptance and understanding, rather than through therapy or counseling. Three components of this include: (a) "explanation," (b) "coping," and (c) "prevention."

(a) Explanation

The trainee will learn techniques for helping both individuals and the class to discuss, analyze, and understand what occurs in a family with an alcoholic member.

(b) Coping

This will aid the individual or group to sort out these dimensions of the problem and to discuss methods of coping with one's problem areas. This could include discussing values and self-concept.

(c) Prevention

This segment includes the message that alcohol is a neutral substance and should help students clarify how alcohol can be used in positive and negative ways. Training includes how to help students deal with guilt, anxiety, and confusion so that they can clarify their feelings about alcohol use and abuse. Children of alcoholic parents should develop an understanding of their susceptibility to the substance.

(2) Referral and Community Resources

Referral for the purposes of this training concerns the teacher utilizing the services of a school counselor or nurse who has received the same training. Information on determining the appropriateness of referrals to organizations such as Alateen would also be presented in this section, along with the role and limitations of school counselor and nurse services, and the type of assistance which can be rendered effectively, ethically, and legally with and without the parents' awareness and/or involvement. The referral process includes how the nurse and counselor can assist teachers who have or have not participated in this training. In a broader sense, one aspect of the training includes ways in which each staff member can

influence the school and community concerning the development, identification, and utilization of school and community resources. This component should also cover suggestions and techniques for working with the non-alcoholic parent in school efforts to help the child.

(4) Identification of Children of Alcoholic Parents

Education and training for identification means that the staff member be aware of types of behaviors--cited earlier--which these students manifest. These behaviors should then be substantiated with information obtained either directly from the student or indirectly through class exercises (see page 8 of this report). There is no other reliable way of distinguishing students with family alcoholism problems from those with other family problems; school staff cannot be expected to make such a diagnosis without feedback from the student on his/her family situation. If a student is unwilling to state the nature of the family situation, the teacher still has the opportunity to refer the student to the support staff and to encourage the student to discuss the situation with another person.

Identification strategies should include the following requisites:

(a) a willingness by the staff member to try to recognize characteristic manifestations of family alcoholism problems (see list on pages 7 and 8), and directly or indirectly verifying this with the student. This willingness is a commitment by the staff member to want to help. As a result of an education and training program, a small percentage of staff may realize their inability to deal with this subject directly with the students and should not be required to do so.

(b) Conveying empathy and a willingness to help these students. In order to substantiate the staff member's ideas concerning a particular student, the student needs to provide information on the nature of the problem. There is much evidence of the willingness of children of alcoholic parents to reveal their family problems once they identify someone willing to try to help (Cork: 1969; Booz, Allen and Hamilton: 1974; CASPAR Alcohol Education Program: 1976). This willingness, however, requires the staff member to convey sincere empathy for and interest in the student, thus, encouraging the student to reveal problem areas.

B. Delivery Options

There are four major ways in which school staff receive education and training. While pre-service represents the most extensive approach, it concentrates on providing basic information and skills to school staff trainees who have not yet had extensive exposure to the school setting. As a result, this provides the least likely option for this program.

NIAAA/NATIONAL CENTER FOR ALCOHOL EDUCATION

A second option is in-service training, an increasingly popular approach toward staff development. Several in-service approaches exist and these offer opportunities for training the entire staff and tailoring the amount of training to specific learning needs. This approach appears to be the most desirable for the type of program being proposed in this report. One or more of the following types of in-service training methods listed below should be considered for educating and training the staff in this subject area.

- One- or two-day sessions at the beginning of the school year. This is a widespread phenomenon and is usually in addition to other in-service training provided during the school year.
- Formal or informal afternoon sessions every four to six weeks during the school year.
- One-day training sessions offered once or twice a year.
- In-service training on a rotating basis during regular school hours in which substitutes are paid to take over the teachers' classes. This approach usually occurs when the school has special funds earmarked for education and training.

A third education and training approach involves school staff (usually teachers) attending required courses in order to remain credentialed by the state. This most often occurs in the evening or summer school curricula at a local university. In larger areas these courses are often offered in the evenings or in the summer through the school district. An instructor from a nearby college frequently delivers the materials which are based on a standard college format. This education approach is provided after working hours or during the summer. This approach is most suitable for educational courses and is not conducive to coordinated training of the staff.

The fourth education and training option depends upon the availability of regional teacher centers which have a staff development component. These are centers which have a specialized staff to better meet the needs of the school districts, either by on-site training or use of itinerant trainers. These centers are funded by federal dollars, by local professional associations, or by the local school districts. This training approach would appear suitable, particularly if in close proximity to the school. The regional center also is able to provide a more specialized training staff.

Any of the above-mentioned staff development settings would accommodate a sequential modularized training structure of two to two and one-half hours length each (e.g., present one or two modules in an afternoon session, or three or four in a day-long event). The trend in staff development programs is toward a shortened series of training sessions. A course which may be completed in 15-20 hours is more desirable and usable than that of the standard semester-length program (e.g., 40-45 hours).

C. Materials Development Needs

Developing materials should build on what has been learned from previous education and training programs and methodologies in this area. Because existing programs lack tested approaches, means of assuring the sound development of education and training materials should be followed. This includes the need for developing and testing the materials at a pilot school site. Representatives of school staff at a selected site would assist in developing tentative education and training materials, which could then be tested at this and other locations. Revisions would follow the evaluation of the materials' effectiveness. Developing the materials in an actual school setting provides continuous school staff involvement in the planning and materials development. This further assures that the program will attend to the teacher's conception of purpose, his/her sensitivity to students, grasp of subject matter, and to his/her repertoire of teaching skills (Speiker: forthcoming).

A second materials development need is the forming of an advisory board comprising representatives of national education and alcohol associations which could provide important insights and information to the developmental effort. These members could meet two or three times during the development of the materials to advise about education and training goals, content, evaluation and distribution strategies. A list of these most relevant national associations is located in Appendix C of this report. The associations noted by an asterisk are most important to the development of these materials because each has influence in deciding which education and training program to offer in the school setting.

D. Factors Influencing Use of the Materials

Interest and decision-making for using an in-service training program may occur at any level in the school system's hierarchy. A school staff member may initiate the request and arrange the education and training program. In this case, the principal approves the event and the school's administration arranges the logistics and determines the cost and staff-time implications. Approval of staff development must also be cleared through the school district superintendent. A crucial element of successful use of the materials is that the teachers perceive the program as meeting relevant teaching needs.

Alcohol education staff training has occurred on a state level, as is the case with those states cited earlier in this report (Washington State, Wisconsin, Oregon, Ohio, Florida, and Maryland). For example, a curriculum guide is developed and teachers are trained to use these materials. State Alcoholism Authority staff may be involved in this effort by providing funding and program development expertise.

Promoting the use of in-service materials occurs in a variety of ways through any of the above-mentioned groups: teachers, nurses, counselors, local and state-level administrators, and community and state-level alcoholism agency staff personnel. This promotion may occur through

publications which list education and training materials available to schools and school districts, and/or promotion of education and training materials by education associations which may have developed or sponsored the development of the materials. Promotion includes announcements in association magazines, displays at conferences and special flyers. The National Education Association currently has a National Institute of Education (DHEW) grant to identify existing in-service programs, describe the program, and provide a critique of the materials. This information is made available to school staff who select appropriate in-service programs. This service may also prove useful for announcing NCAE-developed materials.

Finally, providing free materials to schools is an incentive to having these education and training materials used. Since many schools are facing budgetary restrictions, the cost of the education and training may be a decisive factor. Consequently, if these materials are distributed privately, the cost would have to be low enough to encourage their purchase.

III. CONCLUSION

While there is evidence to suggest that the school setting will be an appropriate place to introduce an education/training program for personnel to affect the problems of children of alcoholic parents, a good number of issues still need to be explored before a commitment is made of NCAE resources to the task. Examples include:

- How many states, areas, districts, etc., have in place effective alcohol education and training programs which create the environment for the integration of NCAE materials targeted upon the problems of children of alcoholic parents?

- How much interest and support for the use of such a program could be enlisted from state alcoholism authorities, education systems, national education associations, groups representative of school teachers, nurses, guidance counselors, and administrators? To increase interest, should the program's scope include all alcohol-impacted youth?

- What are the existing competencies of school staff to handle these problems? What specific competencies would need to be developed in the materials?

- Should an advisory group be formed to contribute to the development of materials? Membership? Role?

- Who would be the most appropriate instructor/facilitator/trainer for these materials? What are his/her characteristics that would influence design and delivery of these materials? What is the appropriate role, if any, of treatment personnel in the development or delivery of these materials in school systems?

- What role could youth agencies have in providing helping services to alcohol-impacted youth? How could these services be coordinated with the school's suggested activities?

- What are the pros and cons of identifying one school district to serve as a "laboratory" for the development and testing of the materials? Would the product be adaptable elsewhere?

"Children of Alcoholic Parents"

BIBLIOGRAPHY

AL-ANON Family Group Headquarters. A Teacher Finds Guidance in AL-ANON. New York: AL-ANON Family Group Headquarters, 1973.

AL-ANON Family Group Headquarters. Twelve Steps and Twelve Traditions for Alateen. New York: AL-ANON Family Group Headquarters, 1974.

AL-ANON Family Group Headquarters. Youth and the Alcoholic Parent. Revised ed. New York: AL-ANON Family Group Headquarters, 1975.

Association for the Advancement of Health Education. "Membership." Washington, DC: Association for the Advancement of Health Education, n.d.

Bailey, Margaret B. "Alcoholism Treatment in Family Casework." Alcohol Health and Research World (Summer 1973):25-28.

Berenson, David. "A Family Approach to Alcoholism." Psychiatric Opinion (n.d.):33-38.

Booz-Allen & Hamilton. An Assessment of the Needs of and Resources for Children of Alcoholic Parents: Final Report. Washington, D.C.: Booz-Allen & Hamilton, 1974.

Bosma, Willem G.A. "Alcoholism and Teenagers." Maryland State Medical Journal (June 1975):62-68.

Bowen, Murray. "Alcoholism and the Family System." n.p. n.d.

Burk, E. David. "Nature and Nurture in Alcoholism, 'Some Contemporary Issues in Child Development and the Children of Alcoholic Parents.'" Annals of New York Academy of Sciences, 197:189-195.

CASPAR Alcohol Education Program. "The Somerville Story: Evolution of an Alcohol Education Program." unpublished; Somerville, MA, June 1976.

Casse, Robert M., Jr. Drugs and the School Counselor. Washington, DC: APGA Press, 1972.

Center for the Study of Social Behavior, Research Triangle Institute. Summary of Final Report of A National Study of Adolescent Drinking Behavior, Attitudes and Correlates, April 1975. Rockville, MD: National Clearinghouse for Alcohol Information (reprint).

Chafetz, Morris E.; Blane, Howard T.; and Hill, Marjorie J. "Children of Alcoholics, Observations in a Child Guidance Clinic." Quarterly Journal of Studies on Alcohol 32 (1971): 687-698.

Chief State School Officers Council. "Council of Chief State School Officers." n.p., 1976.

Christopher D. Smithers Foundation. Alcoholism: A Family Illness. New York: Christopher D. Smithers Foundation, 1972.

Clinebell, Howard J. "Helping the Family of the Alcoholic." ch. in: Understanding and Counseling the Alcoholic. New York: Abingdon Press (1968):266-293.

Cork, Margaret B. The Forgotten Children. Don Mills, Canada: Paperjacks Publishers, 1969.

Cutler, Marilyn H. "If the New Student Privacy Law Has You Confused, Perhaps That's Because You're Sane," The American School Board Journal 162:1 (January 1975):44-49.

Department of School Nurses. "Department-Wide Study of School Nurse Practices." Washington, DC: National Education Association, 1973.

Department of School Nurses. "The Unique Functions of the School Nurse." Washington, DC: National Education Association, n.d.

Fine, Eric W.; Yudin, Lee W.; Holmes, Jan; and Heinemann, Shirley. "Behavior Disorders in Children with Parental Alcoholism." paper presented at the Annual Conference of the National Council on Alcoholism, Milwaukee, WI, 1975. (Typewritten.)

Fisk, Margaret, ed. Encyclopedia of Associations, 8th ed., Vol.1: National Organizations of the U.S. Detroit: Gale Research Co., 1973.

Fox, Ruth. "The Effect on Alcoholism on Children." from Proceedings of the V International Congress on Psychotherapy Progr. Child Psych. New York/Basel: Karger. 1963. reprint ed. New York: National Council on Alcoholism (n.d.)

Fox, Ruth. "Treating the Alcoholic's Family" ch. in: Calanzaro, R.,ed. Alcoholism: The Total Treatment Approach. Springfield, IL: Charles C. Thomas (1968):105-115.

Goodwin, Donald W. "Is Alcoholism Inherited?" paper presented at the Third Annual Alcoholism Conference of the National Institute on Alcohol Abuse and Alcoholism, Washington, D.C., June 20-22, 1973.

Goodwin, Donald W.; Schulsinger, Fini; Hermansen, Leif; Guze, Samuel B.; and Winokur, George. "Alcohol Problems in Adoptees Raised Apart from Alcoholic Biological Parents." Archives of General Psychiatry 28 (February 1973):238-243.

Haberman, P.W. "Childhood Symptoms in Children of Alcoholics and Comparison Group Parents." Journal of Marriage and the Family 28 (1966):152-154.

Hecht, Murray. "Children of Alcoholics." American Journal of Nursing 73:10 (October 1973):1764-1767.

Hindman, Margaret. "Children of Alcoholic Parents." Alcohol Health and Research World (Winter 1975/76):2-6.

Hindman, Margaret H. "Children of Alcoholic Parents, An Overview," paper presented at 11th Annual Conference of the Addiction Research Foundation, Toronto, Canada, June 20-25, 1976.

Hornik, Edith Lynn. You and Your Alcoholic Parent. Sixth printing. New York: Public Affairs Committee, 1976.

Inbar, Michael. Social Science Frontiers: The Vulnerable Age Phenomenon. New York: Russell Sage Foundation, 1976.

Jackson, Joan K. "The Adjustment of the Family to the Crisis of Alcoholism." Quarterly Journal of Studies on Alcohol 15:4 (December 1974):562-586 562-586. Reprint ed. New Brunswick, NJ: Rutgers University of Alcohol Studies.

Landsmann, Leanna. "What You Need to Know about the Educational Privacy Act." Instructor 85:4 (December 1975):55-56.

Kammeier, M.L. "Adolescents from Families with and without Alcohol Problems." Quarterly Journal of Studies on Alcohol 32 (1971): 364-372.

Kellerman, Rev. Joseph L. "Focus on the Family." Alcohol Health and Research World (Fall 1974):9-11.

Kellermann, Rev. Joseph L. A Guide for the Family of the Alcoholic. New York: AL-ANON Family Group Headquarters. n.d.

Kouba, Jim. Alcohol Rehabilitation Program, Florida Mental Health Program Office, Tallahassee, Florida. Interview, 22 November 1976.

Krimmel, Herman E. and Spears, Helen R. "The Effect of Parental Alcoholism on Adolescents." n.p. n.d.

Mayer, Joseph and Black, Rebecca. "An Investigation of the Relationship between Substance Abuse and Child Abuse and Neglect." paper produced out of Washington Center for Addictions, Boston, MA, 1975.

McElfresh, O. "Supportive Groups for Teenagers of the Alcoholic Patient: A Preliminary Report." Medical Ecology and Clinical Research 3:1 (1970):26-29.

McLachlan, J.F.C.; Walderman, R.L.; and Thomas, S. A Study of Teenagers with Alcoholic Parents. Toronto, Canada: Donwood Institute Res. Monograph No. 3 (1973).

Meeks, Donald E. and Kelly, Colleen. "Family Therapy with the Families of Recovering Alcoholics." Quarterly Journal of Studies on Alcohol 31:2 (June 1970):399-413.

Mueller, John F. "Casework with the Family of the Alcoholic." Social Work 17:6 (1972):79-84.

National Catholic Educational Association. "Celebrating 75 Years of Professionalism." Washington, DC: National Catholic Educational Association, n.d.

National Center for Education Statistics. "Statistics of Public Elementary and Secondary Day Schools: Fall 1975." Washington, DC: Department of Health, Education, and Welfare, USGPO, 1976.

Nations, Jim. National Institute of Education Inservice Project, National Education Association, Washington, D.C. Interview, 23 November 1976.

Newell, N. "Alcoholism and the Father-Image." Quarterly Journal of Studies on Alcohol 11 (1950):92-96.

NIAAA Information & Feature Service, July 2, 1976. S.v. "Deviant Youths Should Be Target of Prevention During Ages 11-14."

NIAAA Information & Feature Service, July 2, 1976. S.v. "Irish Study Targets Children."

O'Gorman, Patricia A. "Perception of Fathers in Adolescents from Alcoholic Homes." paper presented at 22nd International Institute on the Prevention and Treatment of Alcoholism, n.p., n.d.

Roe, Anne. Children of Alcoholic Parents Raised in Foster Homes. Westport, CT: Greenwood Press, 1945.

Root, Laura E. "Social Casework with the Alcoholic and his Family." ch. in: Catanzaro, R., ed. Alcoholism: The Total Treatment Approach. Springfield, IL: Charles C. Thomas (1968):208-222.

Rouse, Beatrice A.; Waller, Patricia F.; and Ewing, John A. "Adolescent's Stress Levels, Coping Activities and Father's Drinking Behavior." read at the 81st Annual Meeting of the American Psychological Association, Montreal, Canada, August 27-31, 1973. (Typewritten). [Published in Proceedings, 81 Annual Convention, APA, 1973, 683-684]

Schneiderman, Irene. "Family Thinking in Prevention of Alcoholism." Preventive Medicine 4 (1975):296-309.

Schuckitt, Marc Alan. "Nature and Nurture in Alcoholism, 'Family History and Half-Sibling Research in Alcoholism.'" Annals of New York Academy of Sciences, 197:121-125.

Scientific Analysis Corporation. "Family Problems, Social Adaptation and Sources of Help for Children of Alcoholic and Non-Alcoholic Parents." unpublished; San Francisco (February 1976).

Sloboda, Sharon B. "The Children of Alcoholics: A Neglected Problem." Hospital & Community Psychiatry 25:9 (September 1974):605-606. 605-606.

Smart, Reginald G. The New Drinkers. Ontario, Canada: ARF Books, 1976.

Speiker, Charles A. "Do Staff Development Practices Make a Difference?" forthcoming publication by Allyn and Bacon Publishers.

Strachan, J. George. "Treating the Family." Alcoholism: Treatable Illness. Vancouver, B.C.: Mitchell Press, 1968.

Tritsch, Len. Department of Health Education, Salem, Oregon. Interview, 22 November 1976.

U.S. Department of Health, Education, and Welfare. Second Special Report to the U.S. Congress on: ALCOHOL AND HEALTH. Washington, DC: U.S. Government Printing Office, June 1974.

Weir, W. R. "Counseling Youth whose Parents are Alcoholic: A Means to an End as Well as an End in Itself." Journal of Alcoholic Education 16:1 (Fall 1970):13-19.

Young, L. Wednesday's Children: A Study of Child Neglect and Abuse. New York: McGraw-Hill, 1964.

APPENDIX B

"Children of Alcoholic Parents"

LIST OF READERS

1. Mr. Willard O. Foster III
   Youth Counselor
   Bethesda, MD

2. Dr. Karl Massanari
   Associate Director
   American Association of Colleges for Teacher Education
   Washington, DC

3. Ms. Dixie Mills
   Assistant Director
   Alcohol Education Program
   Somerville, MA

4. Patricia O'Gorman, Ph.D.
   Director
   Prevention and Education Department
   National Council on Alcoholism
   New York, NY

5. Dr. Charles A. Speiker
   Associate Director
   Association for Supervision and Curriculum Development
   Washington, DC

MEMBERSHIP SERVED	NAME OF ASSOCIATION	PROS	CONS
Parents	*National Congress of Parents & Teachers	- Large membership - Much clout of teacher's and school's role, in helping children - NIAAA grantee - Influences school's curriculum - 8.6 million members	- None
Teachers	*National Education Association (N.E.A.)	- Increasing clout on teacher's role in the school - Teacher is a key person to helping children with alcoholic parents - 1.9 million members	- None
	*American Federation of Teachers	- Same reasons as above	- Membership is much smaller than NEA (470,000 members)
Health Teachers	*American Alliance for Health, Physical Education and Recreation (Assocation for the Advancement of Health Education is the division pertaining to alcohol education)	- Only major association for health educators - Includes pre-service teacher trainers. - Are currently developing materials in alcohol education - Expressed an interest for involvement in NCAE's efforts	- None
School Nurses	Department of School Nurses (an affiliate of N.E.A.)	- Represents more school nurses than any other association - Interested in NCAE's efforts	- Membership small(2,000 members) - Little clout in the schools

*Recommended associations to be included in the advisory group.

APPENDIX C-1

MEMBERSHIP SERVED	NAME OF ASSOCIATION	PROS	CONS
School Counselors	*American Personnel and Guidance Association (American School Counselor Association is the division representing school counselors)	- A strong organization but in a fledgling profession - Interested in developing counselor skills in the social problem area	- Counselors still have little clout in the school structure - 15,000 members out of approximately 55,000 school counselors
School Social Workers	National Association of Social Workers	- Has direct contact with students' parents - Highly trained in intervention techniques	- Very small membership of school social worker (5,000 members) - Minor efforts at this stage in looking at school social worker's role.
School Administrators--Secondary School Principals	*National Association of Secondary School Principals	- Principal is considered by many to be the most powerful school staff person - Principal often decides which teacher training to offer	- None
Elementary School Principals	National Association of Elementary School Principals	- Most influential source at elementary school level	- None
Administrators	*American Association of School Administrators	- Membership includes district-level administrators who are decisive in determining in-service training	- None
School Board Members	*National School Board Association	- A decisive group on school policy. - Their clout is increasing - Make decisions on peripheral issues(e.g. alcohol education)	- None

MEMBERSHIP SERVED	NAME OF ASSOCIATION	PROS	CONS
State-level Health Education Directors	No national organization	- Instrumental in determining priority health education programs - Should be included in promotion strategies	- None
Administrators at the State Level	*National Association of State Directors of Teacher Education and Certification	- Holds state-level responsibility for pre- and in-service training - State level influence is increasing in the education field	- None
Drug Education Representatives	*National Institute on Drug Abuse	- Important resource for determining promotion, production and distribution strategies - May be tapped other than through advisory group channel	- None
Alcohol-specific Organizations	*National Council on Alcoholism	- Interested in supporting and promoting NCAE's materials - Currently in early developmental stages of children of alcoholic parents' education materials	- Little clout in the school setting - Little experience in working with schools
	*Al-Anon Family Groups (Alateen)	- Would be directly affected by NCAE's materials because of referral potential - May be able to coordinate helping services with this project - Want to be involved in this project	- Traditionally have not been a part of the school setting

MEMBERSHIP SERVED	NAME OF ASSOCIATION	PROS	CONS
OTHER: **State Government Officials**	Education Commission of the States	- NIAAA grantee - Membership includes state governors and some state legislators	- Membership has only an indirect influence on school curricula
Private Schools	National Catholic Educational Association	- Largest association for parochial schools - 10,000 Catholic schools belong to this association	- None

PERSONS CONTACTED FOR INFORMATION
RELATING TO NCAE'S "CHILDREN OF ALCOHOLIC PARENTS" PROJECT

1. Dr. David Berenson, Director of Research, The Center for Family Learning, New Rochelle, New York
2. Ms. Sharon Bishop, researcher, Booz-Allen & Hamilton, Washington, DC
3. Mr. Dario Chapa, Director, San Antonio Child Abuse/Neglect Research Project, San Antonio, Texas
4. Mr. Willard O. Foster, Special Assistant to the Director, National Institute on Alcohol Abuse and Alcoholism, Rockville, Maryland
5. Ms. Margaret Hineman, former staff writer, National Clearinghouse for Alcohol Information, Rockville, Maryland
6. Ms. Judy Katz, Chief, Youth Education Branch, Division of Prevention, National Institute on Alcohol Abuse and Alcoholism, Rockville, Maryland
7. Mr. George Ludi, Director, Le Fe Youth Hostel (NIAAA grantee), Santa Fe, New Mexico
8. Ms. Eve Marsh, Director, Operation Cork, Fort Lauderdale, Florida
9. Ms. Dorothy Miller, Scientific Analysis Corporation (NIAAA grantee), San Francisco, California
10. Dr. Eric Fine, Director of Alcoholism Program, West Philadelphia Community Mental Health Consortium, Philadelphia, Pennsylvania
11. Mr. Jim DeFoe, "Alcohol and the Media Project," Los Angeles, California
12. Ms. Priscilla Parish, New England Institute, Peabody, Massachusetts
13. Ms. Sharon Sloboda, School of Nursing, Catholic University, Washington, DC
14. Ms. Myrna Levine, "Early and Periodic Screening, Diagnosis and Treatment Project," University Research Corporation, Chevy Chase, Maryland
15. Ms. Susan McGrath, Alateen sponsor, Mt. Airy, Maryland
16. Dr. Paul Templin, Washington State Alcoholism Authority, Olympia, Washington

17. Mr. Peter Henderson, child of an alcoholic parent, Laurel, Maryland

18. Bethesda Alateen Group, Bethesda, Maryland

19. Dr. Darlan, Staff Development, National Education Association, Washington, DC

20. Mrs. Eleanor Darlan, Director of Information, American Alliance for Health, Physical Education and Recreation, Washington, DC

21. Ms. Katherine Scott, Department of School Nurses, National Education Association, Washington, DC

22. Dr. Richard Spoonster, National Congress of Parents and Teachers Chicago, Illinois

23. Mr. William Powers, National Association of Elementary School Principals, Arlington, Virginia

24. Mr. Benton Clifton, Health Education Division, American Alliance for Health, Physical Education and Recreation, Washington, DC

25. Mr. Clay Roberts, Health Education Coordinator (NIAAA grantee), Seattle, Washington

26. Mr. Jim Nations, Department of Continuing Education, National Education Association, Washington, DC

27. Dr. Elena Sliepcevich, Department of Health Education, Southern Illinois University, Carbondale, Illinois

28. Mr. Len Tritsch, Director of Health Education, Department of Education, Salem, Oregon

29. Mr. Jim Kouba, Program Development Consultant, Florida State Alcoholism Authority, Tallahassee, Florida

30. Mrs. Lynn Champion, Child Development Specialist, University of Tennessee, Knoxville, Tennessee

31. Ms. Fran Evans, teacher, Broadview Junior High School, Danbury, Connecticut